

*Handwritten:* 181  
*Stamp:* SPECIAL

**MULTIPLE DEPENDENT CLAIM  
 FEE CALCULATION SHEET  
 (FOR USE WITH FORM PTO-876)**

SERIAL NO.

*Handwritten:* 101089823

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51									
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47							97									
48							98									
49							99									
50							100									
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TOTAL DEP.							TOTAL DEP.									
TOTAL CLAIMS							TOTAL CLAIMS									